

FILED FEB 11 1942

Registration District No.

Primary Registration District No. 3011

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify whether
In this community 8 hours
years, months or days)

3. (a) PRINT FULL NAME ALEXANDER, John

3. (b) If veteran, name war World 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amy 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 2 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 hr. min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Information not obtained due to critical condition of patient
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Army Discharge
(b) Address

17. (a) Removal (b) Date thereof Jan. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camdenton, Mo.

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) Jan. 26, 42 (b) Mrs. Sade Redman
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Camdenton
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 year 1942 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1942, to Jan. 25, 1942
that I last saw him alive on January 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Fatty Degeneration.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence --
(c) Where did injury occur? --
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury 0

23. Signature Henry R. Pear (M.D. or other) 0
Address V.A. Facility, Excelsior Springs, Mo.
Date signed 1/25/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 13 1942

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed Robert Key

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.